

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032934

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

218

Primary Registration District No.

1003

Registrar's No.

8553

STATE FILE NUMBER

FILED SEP 10 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis, Missouri

Length of stay in lb

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

4349 Forest Park

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Mildred

Middle Irene

Last Sternberg

## 4. DATE OF DEATH

Month

Day

Year

September 3, 1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-25-11

## 9. AGE (last birthday)

50

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Material Inspector

## 10b. KIND OF BUSINESS OR INDUSTRY

Stamping Co. National Enamel &amp;

## 11. BIRTHPLACE (City and state or country)

Granite City, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Puhse

## 13b. MOTHER'S MAIDEN NAME

Gertrude Rykman

## 14. NAME OF HUSBAND OR WIFE

Merle Sternberg

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mr. Merle Sternberg 4349 Forest Park

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis (liver, etc).

## INTERVAL BETWEEN ONSET AND DEATH

1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cancer of Breast

## DUE TO (c)

170X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8/31/62

to

9/3/62

and last saw her alive on

9/3/62

Death occurred at

9/3/62

12 noon

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Benjamin Bernshteyn, M.D.

## 22b. ADDRESS

216 S. Kingshighway

## 22c. DATE SIGNED

9/4/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

9-6-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Hope Cemetery

## 23d. LOCATION (City, town, or county)

Belleville, Illinois

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

## 25. DATE RECD. BY LOCAL REG.

SEP 4 1962

## 26. REGISTRAR'S SIGNATURE

Rosa Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Rice C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.